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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 136	
County of <u>Pima</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. 118	
City of _____	(No. _____ St. _____ Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Rudolpho Lovar</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>4</u>
Legitimate? <u>yes</u>	Date of Birth <u>March 3 - 1919</u>	Month	Day
FATHER		MOTHER	
Full Name <u>Victor Encarnacion Lovar</u>		Full Maiden Name <u>Concepcion Pineda</u>	
Residence <u>Miami - Arizona</u>		Residence <u>Miami - Arizona</u>	
Color or Race <u>Mex</u>	Age at last Birthday <u>32</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>22</u> Years
Birthplace <u>Guantanamo - Mexico</u>		Birthplace <u>Monterey - Mexico</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>4</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on March 3, 1919, at 2:05 P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow M.D.  
Attending physician, midwife, householder.\*

Given or Christian name added from a

Address Miami - Arizona

supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Filed Apr 1 191 9

W. W. Baylton  
LOCAL REGISTRAR.

939-303-392  
COUNTY REGISTRAR.

Filed Apr 5 191 9 A True Copy

B. G. Lick  
COUNTY REGISTRAR.